

**UNODC Global Consultation on
HIV Prevention, Treatment, Care and Support in Prison Settings**
16-17 October 2014, Vienna

Summary and Conclusions

The Global Consultation took place in Vienna on 16-17 October 2014. With the main objective to intensify efforts in addressing HIV in prisons and other closed settings¹, the global consultation provided a space for dialogue and exchange of experiences on programme development and implementation of HIV prevention, treatment, care and support in prison settings. The consultation also reflected on the progress made to date and identified common challenges and opportunities to scale up and sustain national responses as related to HIV in prisons.

The two day Consultation brought together heads of national prison systems and heads of national AIDS programmes from 27 key countries around the globe, representatives of the Permanent Missions in Vienna, UN organizations (UNAIDS, WHO, UNDP and UNESCO), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and relevant civil society organizations including Harm Reduction International, International Network of People who Use Drugs, Canadian HIV/AIDS Legal Network and Global Network for Sex Work Projects.

The outcome of the Consultation represents expert opinions of its participants to address HIV prevention, treatment, care and support in prison settings, and does not create obligations of any kind for States.

Background

30 million people per year are in prison or pretrial detention, with about one third in pretrial settings, many in overcrowded and sub-standard conditions.

People in detention have the right to health services equivalent to those available to the general population, and to all the protections and entitlements noted in the UN *Standard Minimum Rules for the Treatment of Prisoners*, the UN *Basic Principles for the Treatment of*

¹ In this paper, the term “prisons and other closed settings” refers to all places of detention within a country, and the terms “prisoners” and “detainees” to all those detained in those places, including adults and juveniles, during the investigation of a crime, while awaiting trial, after conviction, before sentencing and after sentencing.

Prisoners, as well as the human rights protections articulated in the UN International Guidelines of HIV/AIDS and Human Rights.

In most countries HIV prevalence is higher among people in prison and pre-trial detention than in the general population, with often the actual transmission of HIV taking place inside the prison settings. Major causes of death in prisons are AIDS and TB.

Therefore, providing access to HIV prevention, treatment and care to people in detention is a crucial element of national HIV response.

All people living in prison settings have the right to the provision of health in a non-discriminatory manner, including adequate prevention, treatment, care and support related to HIV and AIDS.

Women and young people in prisons and pretrial detention face very high HIV risk because of violence, stigma and lack of appropriate services.

There are also legal barriers to effective HIV programming among key populations exacerbating their vulnerability to HIV, and contributing to their overrepresentation in the prison population and in some countries, to involuntarily detention in 'rehabilitation' centres.

In 2012, twelve UN agencies (ILO, Human Rights Council, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UNWomen, WFP, WHO and UNAIDS) in a *Joint Statement on Compulsory Drug Detention and Rehabilitation Centers*, called on States to close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in the community.

Significant progress has been made in establishing international standards for HIV services in prisons and pre-trial detention, including the 15 key interventions^{2,3} as elaborated in the *UNODC, ILO, UNDP, WHO and UNAIDS Policy Brief on HIV prevention, treatment and care in*

² The 15 interventions are: 1) information, education and communication, 2) condom programmes, 3) prevention of sexual violence, 4) drug dependence treatment, including opiate substitution therapy, 5) needle and syringe programmes, 6) prevention of transmission through medical or dental services, 7) prevention of transmission through tattooing, piercing and other skin penetration, 8) post-exposure prophylaxis, 9) HIV testing and counselling, 10) HIV treatment, care and support, 11) prevention, diagnosis and treatment of tuberculosis, 12) prevention of mother-to-child transmission, 13) prevention and treatment of sexually transmitted infections, 14) vaccination, diagnosis and treatment of viral hepatitis, and 15) protecting staff from occupational hazards.

³ Opinions were also expressed that the implementation of a "comprehensive package" of 15 interventions should remain as a sovereign decision of an interested state given its non-exhaustive character, realization of other effective prevention and treatment strategies and measures and differences in approaches to specific interventions associated with so-called "harm reduction".



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prisons and other closed settings: A comprehensive package. All 15 of these interventions are supported by a large body of research.

Comprehensive HIV services for people living in prisons and other closed settings protect not only those who are detained but also prison staff and the larger community since almost all detained people will be released.

A number of countries have significantly reduced HIV transmission and alleviated HIV illness in prisons by scaling up implementation of the comprehensive package but implementation of HIV services remains inadequate in many countries.

The Experts participating in the Vienna Global Consultation on HIV Prevention, Treatment, Care and Support in Prison Settings recommended the need for countries to:

1. Ensure equality and equity in the provision of scientific evidence based and human rights based health services for people living in prisons and other closed setting, including HIV and TB services;
2. Make scaling up comprehensive HIV services in prisons and other detention settings a high priority for budget allocation and programme planning, implementation and evaluation;
3. Minimize use of pretrial detention, establish alternatives to imprisonment, improve the efficiency of criminal justice systems and avoid the imposition of custodial sentences for young people except as a last resort;
4. Scale up gender appropriate HIV prevention, treatment and care services for all people living in prison settings, especially the most vulnerable groups including women, young people and key populations, according to respective country situation, guidelines and legislation;
5. Engage with relevant non-governmental and community-based organisations with the capacity to help planning and to support implementation and evaluation of comprehensive HIV services in prisons and pretrial detention facilities, and ensure participation of prisoner representatives or former prisoners in all stages;
6. Adopt a coordinated whole-of-government approach to HIV in prisons in which the ministry of health has responsibility for the quality of prison health services and all relevant ministries and relevant non-governmental and community based organization partners plan, implement and evaluate prison health services collaboratively;



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7. Make special efforts to ensure comprehensive HIV services for people in detention without discrimination based on sex, sexual orientation or gender identity and to ensure that there are functioning mechanisms of complaint and redress for people denied access to services;
8. Approach donors to make planning and supporting implementation and evaluation of the comprehensive package, a high priority in their assistance.

Stated on this day, 17 October 2014, in Vienna.